

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: SB 1318

INTRODUCER: Senator Garcia

SUBJECT: Child Safety

DATE: March 24, 2017

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Preston	Hendon	CF	Pre-meeting
2.			AHS	
3.			AP	

I. Summary:

SB 1318 makes a number of changes to provisions relating to Child Protection Teams (CPT) in the Department of Health (DOH). The bill would no longer limit physicians who could be CPT medical directors to only those board certified in pediatrics, but would now allow either a board-certified physician in the specialty of pediatrics, family medicine, emergency medicine, internal medicine, or a board-certified physician in another specialty recognized by the American Board of Medical Specialties (ABMS) with three years or more experience working in the area of child abuse or neglect to be hired as a CPT medical director.

The bill revises the list of persons who can complete the required review of all suspected abuse and neglect reports called to the Department of Children and Families (DCF or department) Central Abuse Hotline to determine if a face-to-face medical evaluation by a child protection team is necessary. The bill changes CPT districts to circuits, to align the CPT and DCF geographic areas.

This bill also codifies the requirements for Sexual Abuse Treatment Programs (SATP), that provide children alleged to have been sexually abused, their siblings, and their non-offending caretakers with specialized therapeutic treatment to assist in recovery from sexual abuse.

The bill has no fiscal impact on state government.

The bill has an effective date of July 1, 2017.

II. Present Situation:

Child Protection Teams

A child protection team (CPT) is a medically directed, multidisciplinary team that works with local Sheriff's offices and the department in cases of child abuse and neglect to supplement investigation activities.¹ Current law governs CPTs, and requires the Children's Medical Services Program (CMS) in DOH to develop, maintain, and coordinate the services of the CPTs in each of the service districts of the DCF. Child protection team medical directors are responsible for oversight of the teams.²

CPTs are independent, community-based programs that provide expertise in evaluating alleged child abuse and neglect. Specifically, CPTs help assess risk and protective factors, and provide recommendations for interventions that protect children.³ Child abuse, abandonment, and neglect reports to the DCF central abuse hotline that must be referred to child protection teams include cases involving:

- Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.
- Bruises anywhere on a child 5 years of age or younger.
- Any report alleging sexual abuse of a child.
- Any sexually transmitted disease in a prepubescent child.
- Reported malnutrition or failure of a child to thrive.
- Reported medical neglect of a child.
- A sibling or other child remaining in a home where one or more children have been - pronounced dead on arrival or have been injured and later died as a result of suspected abuse, abandonment, or neglect.
- Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.⁴

Qualifications for Child Protection Team Medical Directors

Currently, district medical directors are required to be a physician licensed under chapter 458 or chapter 459 who is a board-certified pediatrician and, within 4 years after the date of his or her employment as a district medical director, either obtain a subspecialty certification in child abuse from the American Board of Pediatrics or meet the minimum requirements established by a third-party credentialing entity recognizing a demonstrated specialized competence in child abuse pediatrics pursuant to s. 39.303(2)(d), F.S.

While child protection teams are required to be medically directed by at least one board-certified pediatrician, despite active recruitment efforts, three of the 22 child protection team medical

¹ Children's Medical Services, Child Protection Teams, (Aug. 30, 2012) *available at*: http://www.floridahealth.gov/AlternateSites/CMS-Kids/families/child_protection_safety/child_protection_teams.html. (last visited March 20, 2017).

² Section 39.303, F.S.

³ Children's Medical Services, Child Protection Team Brochure, available at http://www.floridahealth.gov/AlternateSites/CMS-Kids/families/child_protection_safety/documents/child_protection_brochure.pdf. (last visited March 20, 2017).

⁴ Section 39.303, F.S..

director positions have been vacant for more than a year. Child protection team medical directors are state employees and currently, three are employed by state universities and the remaining 19 are employed by DOH.⁵

Specialty Certification for Child Abuse Pediatrics

The American Board of Medical Specialties approved the child abuse pediatrics specialty in 2006 and administered the first certification exams in late 2009.⁶ Eligibility for the Child Abuse Pediatric certification exam requires a person to have completed both a 3-year residency in pediatrics and a 3-year fellowship in child abuse pediatrics at an accredited program.⁷ Fellowship training includes medical evaluations of children with manifestations of acute and chronic child maltreatment, as well as children with a broad range of other diagnoses. The trainee develops expertise in determining non-accidental trauma and other forms of maltreatment by developing excellent diagnostic expertise and knowledge of various disorders which may mimic child maltreatment. Training will include mandatory reporting laws, legal proceedings, child abuse and family violence prevention, teaching opportunities, and clinical research.⁸

As of December 31, 2015, Florida has 12 physicians certified in Child Abuse Pediatrics through the American Board of Pediatrics.⁹

Third-Party Credentialing Entity

The Florida Certification Board offers the Child Protection Team Medical Provider (CPTMP) credential to eligible members of the Florida Department of Health's Child Protection Teams. This program was developed in response to the requirement that each DOH district medical director obtain a subspecialist certification in child abuse from the American Board of Pediatrics or meet the minimum requirements established by a third-party credentialing entity. DOH has expanded eligibility for this credential to specified members of Florida's Child Protection Teams. In order to be eligible to take the exam, applicants must either be a board certified pediatrician, a board certified advanced registered nurse practitioner, or another board certified medical professional.¹⁰

Sexual Abuse Treatment Programs (SATP)

In 1986, the legislature required the department to develop a model plan for community intervention and treatment of intrafamily sexual abuse in conjunction with the Department of

⁵ Department of Health, 2017 Agency Legislative Bill Analysis, SB 1318, March 1, 2017.

⁶ HealthLeaders Media, New Specialty Certification for Child Abuse Pediatrics, Nov. 6, 2009, *available at*: <http://www.healthleadersmedia.com/content/PHY-241751/New-Specialty-Certification-for-Child-Abuse-Pediatrics.html>. (last visited Mar. 20, 2017).

⁷ Council of Pediatric Subspecialties, Pediatric Child Abuse, Nov. 5, 2013. *available at*: <http://pedsubs.org/SubDes/ChildAbuse.cfm>. (last visited Mar. 20, 2017).

⁸ *Id.*

⁹ American Board of Pediatrics Inc., 2015-2016 Workforce Data, *available at*: <https://www.abp.org/sites/abp/files/pdf/workforcebook.pdf>. (last visited March 20, 2017)

¹⁰ Florida Certification Board, Child Protection Team Medical Provider Certification, *available at*: <http://flcertificationboard.org/certification/childprotectionteam-credential/> (last visited March 22, 2017).

Law Enforcement, DOH, the Department of Education, the Attorney General (OAG), the state Guardian Ad Litem Program, the Department of Corrections, representatives of the judiciary, and professionals and advocates from the mental health and child welfare community.¹¹ As a result, children alleged to have been sexually abused, their siblings, and their non-offending caretakers are currently served by 14 sexual abuse treatment programs statewide. The programs are a partnership between DOH, the Office of the Attorney General (OAG) and DCF. DOH contracts with local programs to provide administrative and clinical oversight, the OAG pays for therapeutic services, and DOH and DCF have an interagency agreement for the operation of the program. This program provided therapeutic counseling services to 3,400 child victims of sexual abuse and their non-offending family members during Fiscal Year 2015-2016.¹²

III. Effect of Proposed Changes:

Section 1 amends s. 39.303, F.S.; relating to child protection teams, to no longer limit physicians who could be CPT medical directors to only those board certified in pediatrics, but would now allow either a board-certified physician in the specialty of pediatrics, family medicine, emergency medicine, internal medicine, or a board-certified physician in another specialty recognized by the American Board of Medical Specialties (ABMS) with three years or more experience working in the area of child abuse or neglect to be hired as a CPT medical director.

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Section 2 amends s. 39.3031, F.S., relating to rules to for the implementation of s. 39.303, F.S., to conform provisions to changes made by the bill.

Section 3 amends s. 391.026, F.S., relating to powers and duties of the department, to conform provisions to changes made by the bill.

Section 4 reenacts s. 39.301, F.S., relating to child protective investigations, to incorporate amendments made by the bill.

Section 5 provides an effective date of July 1, 2017..

¹¹ Chapter 85-54, Laws of Florida. The provision was created as s. 415.5095, it was transferred and renumbered as s.39.305 in 1998 (Chapter 98-403, Laws of Florida) and subsequently repealed in 2011 (Chapter 2011-213, Laws of Florida).

¹² Department of Health, 2017 Agency Legislative Bill Analysis, SB 1318, March 1, 2017.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

The bill substantially amends ss. 39.303, 39.3031 and 391.026, of the Florida Statutes.
The bill reenacts s. 39.301 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
